

[Ownership matrix](#)[Click for copy of Word \(native\) file](#)**TABLE OF CONTENTS**

1.0	PURPOSE AND SCOPE .....	2
2.0	IMPLEMENTATION .....	2
3.0	RESPONSIBILITIES .....	2
3.1	Employees .....	2
3.5	OSHA Case Management Coordinator .....	3
3.6	Worker's Compensation Coordinator.....	3
3.7	HAMTC Safety Representatives & Employee Accident Prevention Council Members .....	3
4.0	PROCEDURE .....	3
4.1	Notifications/Communications.....	3
4.2	Control of the Accident Scene.....	5
4.3	Post Event Management.....	6
4.4	Conducting the Incident Investigation.....	8
4.5	Injury and Illness Case Management.....	10
5.0	DEFINITIONS .....	11
6.0	RECORDS .....	12
7.0	SOURCES.....	12
7.1	Requirements .....	12
7.2	References.....	12

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	2 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

## 1.0 PURPOSE AND SCOPE

This procedure summarizes requirements for responding to and reporting occupational injuries and illnesses, incident investigations, and provides direction for consistent response, investigation and management of such injuries/illnesses. Non-occupational injuries/illnesses that result in a release from work or restrictions need to be reported to direct management and managed in accordance with [TFC-BSM-HR AT-C-01](#) and [TFC-BSM-HR EM-C-04](#). This procedure also establishes requirements to ensure that prompt medical treatment is obtained in accordance with DOE/OSHA requirements. (7.1.1, 7.1.2.a, 7.1.4)

## 2.0 IMPLEMENTATION

This procedure is effective on the date shown in the header.

## 3.0 RESPONSIBILITIES

### 3.1 Employees

- Respond to and report the following events:
  - Emergencies
  - Non-emergency work-place injuries or illnesses, no matter how slight. This includes any injury/illness that may occur off site (e.g., HAMMER Training Facility, 2440 Stevens, Atrium, 1200 Jadwin, the Parkway, etc.),
- Notify a supervisor of all work-related injuries and illnesses immediately.
- Notify a supervisor and Safety Professional of any personal condition (non-occupational injury or illness) that may affect your ability to perform your job safely.
- Participate in event management, investigation, and injury/illness management in accordance with this procedure.

### 3.2 Managers/Supervisors

- Participate in event management, investigation, and injury/illness management in accordance with this procedure.
- Immediately Notify the Shift Office and assigned Safety Professional of any injury or illness transports to either the On-site Medical Provider (OSMP) or nearest medical facility (occupational injury/illness or personal condition).
- Injuries that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate Supervisor, and the assigned Safety Professional.
- Unless an injury is self-treated, report to the nearest OSMP, or if after hours, to the nearest Primary Care Medical Facility to be evaluated and receive appropriate treatment.
- Ensure that each employee has been briefed and understands this procedure.

### 3.3 Shift Office

- Make notifications in accordance with this procedure.
- Provide additional information as requested to the Injury & Illness Case Management Representative, Line Management, Senior Management, and DOE Facility Representatives; refer other requesting information to the Injury & Illness Case Management Representatives.

### 3.4 Safety Professional

- Participate in event management, investigation, and injury/illness management in accordance with this procedure.
- Ensure corrective actions identified are appropriate to prevent recurrence, and are tracked to closure.

### 3.5 OSHA Case Management Coordinator

Determine the OSHA classification and complete required documentation regarding classification of the event.

### 3.6 Worker's Compensation Coordinator

Facilitate the worker's compensation claim process assisting the affected worker as needed.

### 3.7 HAMTC Safety Representatives & Employee Accident Prevention Council Members

Participate in accident investigations as requested by supervisors/managers.

## 4.0 PROCEDURE

Any information about an individual employee, including but not limited to, education, medical history, employment history, and/or any other information that can be used to distinguish or trace an individual's identity, such as his/her social security number, date and place of birth, mother's maiden name, biometric data, etc., and including any other personal information that is linked or linkable to a specific individual shall be marked and protected as Official Use Only – Personally Identifiable Information. See TFC-BSM-IRM\_SE-C-05.

### 4.1 Notifications/Communications

#### 4.1.1 Injuries or Illnesses

- |                                     |    |  |
|-------------------------------------|----|--|
| Injured Employee or First Responder | 1. | Dial 911 (373-0911 on cell phones) for all emergency events.   |
|                                     | 2. | Notify immediate supervisor or manager of all injuries and illnesses immediately.                          |
| Supervisor/Manager                  | 3. | Ensure that emergency services has been notified for emergency events (Dial 911, 373-0911 on cell phones). |

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	4 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

	4.	Notify the Shift Office and Safety Professional by phone.
Shift Office	5.	<p>Notify the Safety Professional, appropriate supervisory personnel, and the DOE Facility Representative through the paging system.</p> <p>NOTE 1: The notification should <u>not</u> contain any identifier, medical condition, or diagnosis. The message should be generic such as the following examples:</p> <ul style="list-style-type: none"> <li>• Pager Example: “(Job Function, i.e., Manager, Office Worker, NCO) (slipped, tripped, etc.)(location) and is reporting to onsite medical provider or has elected to self-treat</li> <li>• Phone Notification: Information released on “need to know” basis</li> <li>• Transport Example: “(Job Function, i.e., manager, Office Worker, NCO) (slipped, tripped, etc., or personal condition) and is being transported by (ambulance, co-worker, manager) to (OSMP, Kadlec, etc.).</li> </ul> <p>NOTE 2: All levels from manager on up are designated as “Manager.”</p>
	6.	Provide additional information as requested to the Case Management Representative, line management, senior management, and DOE Facility Representatives; refer others requesting information to the Case Management Representative.
Safety Professional	7.	Once notification has been received through the paging system, notify the shift office that the injury details have or have not been received by the supervisor/manager.
	8.	<p>Notify Case Management of all injuries/illnesses that require medical treatment by the OSMP or nearest medical facility.</p> <p>NOTE: If the Shift Office does not receive notification from the Safety Professional confirming the injury notification, the Shift Office will notify Case Management to ensure that the appropriate details are provided.</p>

#### 4.1.2 Non-Emergency Work Place Injuries or Illnesses & Personal Conditions

Employee	1.	<p>Notify Supervisor of all work-related injuries and illnesses immediately. Injuries and illnesses that are minor in nature may be self-treated if agreed upon by the affected worker, his/her immediate supervisor, and Safety Professional.</p>
	2.	<p>Unless an injury/illness is self-treated, report to the nearest OSMP or if after hours to the nearest Primary Care Medical Facility to be evaluated and receive appropriate treatment.</p>

- |              |    |   |
|--------------|----|---|
|              | 3. | Notify a supervisor and Safety Professional of any personal condition (non occupational injury or illness) that may affect your ability to perform your job safely.                             |
| Supervisor   | 4. | Notify the Shift Office and Safety Professional of any injury or illness transports to either the OSMP or nearest Medical Facility (occupational injuries and illnesses or personal condition). |
|              | 5. | Unless self-treatment is agreed upon, direct the affected worker to the nearest OSMP or if after hours to the nearest Primary Care Medical Facility.  |
| Shift Office | 6. | Notify the appropriate Safety personnel and management representatives in accordance with TFC-OPS-OPER-CD-01.   |

NOTE: Notification guidance is provided in Section 4.1.1.5.

## 4.2 Control of the Accident Scene

### 4.2.1 Secure the Scene

- |               |    |  |
|---------------|----|--|
| All Employees | 1. | After reporting an event, and ensuring it is safe to help, assist personnel as needed.   |
|               | 2. | If needed, provide first aid within level of training.   |
|               | 3. | If the event results in an injury or illness, ensure the affected employee gets immediate medical attention. Do not move seriously injured personnel unless remaining at the present location presents a greater danger. |
|               | 4. | If you can do so safely, take actions necessary to prevent or minimize the risk of additional injury or illness.   |
|               | 5. | When applicable, remain with the injured/ill worker until Emergency Response personnel arrive on scene.  |

### 4.2.2 Preserve Evidence

- |           |    |  |
|-----------|----|--|
| Employees | 1. | Leave the event scene intact to the greatest extent possible, with nothing moved or disturbed until an investigation is complete.                                    |
|           | a. | Make a prompt and careful effort to preserve the evidence that will be necessary to answer the key questions about the event (who, where, what, when, how, and why). |
|           | b. | Use barricades, signs, or other means to isolate the site, warn of hazards, and otherwise restrict access.   |

- |                     |    |  |
|---------------------|----|--|
| Manager/Supervisor  | 2. | Determine what actions need to be taken to make the area safe (i.e., clean up blood, remove equipment, perform repairs as needed).                   |
|                     | 3. | Observe and record perishable or environmental evidence (such as instrument readings, control panel settings, and weather conditions).               |
|                     | a. | Use photographs, sketches, and diagrams to record evidence or conditions.  |
|                     | b. | Make detailed notes about any photographs, sketches, or diagrams made.   |
|                     | 4. | Contact the responsible Safety Professional to assist in recording perishable or environmental evidence and to release the scene from investigation. |
| Safety Professional | 5. | Assist in recording perishable or environmental evidence at the scene of an accident.  |
|                     | 6. | Release an accident scene from investigation.  |

#### 4.3 Post Event Management

- |                    |    |   |
|--------------------|----|---|
| Manager/Supervisor | 1. | <p>Accompany or assign a management designee to accompany injured or ill employees to the OSMP. Outside the OSMP operating hours accompany all injured or ill employees to the medical facility providing treatment.</p> <p>NOTE: Primary Care Facilities include the following: CSC: North Area: 200W/2719-WB, 373-2714; South Area: 1979 Snyder Street, Richland, WA, 376-6981; Kadlec Medical Center: 888 Swift Blvd., Richland, WA, 946-4611.</p> |
|                    | 2. | Remain with the employee until the employee is released or assistance is no longer necessary.   |
|                    | 3. | <p>Follow up with the Shift Office and Case Management Representative on the status of the injured employee.</p> <p>NOTE: The follow up information should <u>not</u> contain any identifier, medical condition/treatment, or diagnosis. The information should be generic in nature.</p>   |
|                    | 4. | If the medical provider issues restrictions, ensure the worker follows the accommodation process described in <a href="#">TFC-BSM-HR EM-C-04</a> .  |
|                    | 5. | Until directed otherwise by Case Management, keep in daily contact with the employee if the employee is medically removed or restricted from work.  |

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	7 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

- |   |     |  |
|---|-----|--|
|   | 6.  | Upon the employee's return to work follow requirements specified in <a href="#">TFC-BSM-HR_AT-C-01</a> and <a href="#">TFC-BSM-HR_EM-C-04</a> .  |
| Safety Professional/<br>Case Management<br>Representative | 7.  | Meet the injured or ill employee at the OSMP or if it is outside OSMP operating rating hours, meet the employee at the medical facility providing treatment. Meet with the medical provider, employee's supervisor/manager to ensure that appropriate care is provided.  |
| Employee  | 8.  | <p>For occupational injuries and illnesses that occur during normal work hours, report to the OSMP (CSC) for evaluation as soon as possible under the following circumstances:</p> <ul style="list-style-type: none"> <li>• When incurring an occupational injury not meeting self-treat criteria, when instructed to do so by management</li> <li>• When instructed to do so by the Hanford Fire Department</li> <li>• When incurring a chemical exposure or a potential chemical exposure</li> <li>• When exhibiting symptoms from a vapor related event.</li> </ul> <p>NOTE 1: Events that are minor in nature may be self-treated if agreed upon by the affected worker and his/her immediate management and safety professional.</p> <p>NOTE 2: Medical care following possible chemical exposure shall be provided to an employee under the following circumstances:</p> <ul style="list-style-type: none"> <li>• An employee communicates that he or she may have been exposed to a chemical and is experiencing physical symptoms, or</li> <li>• An employee expresses concern that he or she may have been exposed to a chemical, or</li> <li>• An employee reports being potentially exposed following an event or release regardless of the presence or absence of symptoms.</li> </ul> |
|   | 9.  | Following medical care evaluation, report immediately to direct management any restrictions and/or prescriptions issued as the result of occupational injuries/illnesses that may affect your ability to perform job duties safely or that may affect the safety of co-workers.  |
|   | 10. | When restrictions are issued by the OSMP for an occupational injury or illness, contact HR and comply with TFC-BSM-HR_EM-C-04.   |
|   | 11. | Follow the OSMP recommendations/restrictions.  |

12. Notify direct management prior to start of work shift if unable to attend work due to an injury/illness and maintain contact when off work due to an injury/illness.
13. If an injury is discovered or if an employee seeks the attention of an off-site medical practitioner after hours as a result of a work-place injury or illness, immediately notify direct management, or if management is not available, notify the appropriate Shift Office.
14. If removed from work by an off-site physician, immediately notify direct management and report to the OSMF as soon as possible.
  - a. Provide written instructions from the physician to the OSMF for evaluation.
  - b. Notify the Workers Compensation Coordinator.

#### 4.4 Conducting the Incident Investigation

NOTE: Employees and/or witnesses who were involved in the event shall participate in the investigation.

Responsible  
Manager/Supervisor

1. For all events, with support from a Safety Professional, initiate an investigation team within 24 hours, which includes the immediate supervisor, the employee (unless physically unable), and any witnesses.

NOTE: A HAMTC Safety Representative and an Employee Accident Prevention Council representative are encouraged to participate as requested by management and/or Safety. The team shall investigate the event to identify the facts surrounding the incident, the causes and circumstances that contributed to the accident, and corrective actions to prevent recurrence. Facts to be captured during the investigation should include: date, time, shift, department, description of the event, where the event occurred, and what the resulting injury/illness was.

2. Obtain statements from personnel that were involved in or witnessed the event. Document statements on form A-6003-098.

NOTE: Personal witness statements should be obtained as soon as possible after an event and documented independent of one another.

3. Obtain any procedures, work packages, briefing checklists, JHAs, or other information that help explain what was occurring at the time of the event including, but not limited to instrument readings, photographs, and drawings.
4. As appropriate develop a map and time line documenting the sequence of events.



<b>ESHQ</b>	<b>Document</b>	<b>TFC-ESHQ-S_CMLI-C-02, REV D-3</b>
	<b>Page</b>	<b>9 of 12</b>
<b>INJURY AND ILLNESS EVENTS</b>	<b>Issue Date</b>	<b>March 23, 2012</b>

5. Document the team's findings and ensure that the Employee and Manager/Supervisor sections of Event Report Form A-6003-580 have been completed and signed by the end of the shift in which the event occurs.
6. Submit the original Event Report Form and any supporting documentation (including photographs) to the Safety Professional for review within 24 hours of the event.

NOTE 1: Based on the assigned Safety Professional's review, reports that do not clearly identify causes, corrective actions, and/or are incomplete will be returned to the responsible supervisor for revision.

NOTE 2: Once the report is finalized and approved by the assigned Safety Professional, the report will be sent to the Case Management Representative for filing, tracking, and trending.

7. If the Event Report requires more than 24 hours for completion, notify the Safety Programs Manager.

NOTE 1: Corrective actions identified during the investigation process that cannot be immediately taken or meet the conditions of the PER initiation criteria (TFC-ESHQ-Q\_C-C-01, Attachment A) shall be tracked through the Problem Evaluation Request process.

NOTE 2: Corrective actions should place emphasis on unsafe conditions, deficiencies, or items that need further evaluation and be documented on the Event Report and PER.

Safety Professional

8. Assist manager/supervisor in the accident investigation by helping to initiate the investigation, participate as an investigation team member, obtain statements, gather documents and applicable evidence, establish sequence of events and completing the report.
9. Review the Event Report for completeness and accuracy of content.
10. Ensure corrective actions identified are appropriate to prevent recurrence and are completed or being tracked to closure through the PER process [TFC-ESHQ-Q C-C-01](#).
11. Complete the Safety Professional section and obtain necessary signatures.
12. Provide the completed Event Report to the Injured Employee's Level 2 or 3 Manager within 24 hrs of the event for review and concurrence; if the Event Report requires more than 24 hours for completion, notify the Safety Programs Manager.

Injured Employees  
Level 2 or 3 Manager

13. Review and approve the proposed corrective actions and completed Event Report.

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	10 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

- |                    |     |   |
|--------------------|-----|---|
| Industrial Hygiene | 14. | For each vapor related event where the Shift Office has entered AOP-015 (or AOP-115 at 222-S Laboratory), complete the AOP-15 Vapor Exposure Preliminary Communication form (A-6005-744), to include needed content as stipulated in the form instructions, and provide completed form to the IH Programs Manager, Safety Professional, Workers' Compensation Coordinator, Safety and Health Manager, and DOE-ORP Industrial Hygiene representative within one hour of completing review of screening data obtained in accordance with AOP-015 sample plan. |
|                    | 15. | For each vapor event, review completed event report documents, ensure that needed data identified in the form instructions is included in the Vapor Event Summary Report (A-6005-781), and provide the completed report to the IH Programs Manager, Safety Professional, Workers' Compensation Coordinator, and DOE-ORP Industrial Hygiene representative.  |
| Employee           | 16. | Complete the employee portion of the Event Report (form A-6003-580) within the shift of occurrence, but no later than beginning of the next shift.  |

#### 4.5 Injury and Illness Case Management

- |                                   |    |  |
|-----------------------------------|----|--|
| Case Management Representative    | 1. | Review the Event Report for completeness and necessary details needed to classify the event.   |
|                                   | 2. | Determine OSHA classification of event in coordination with the Safety Programs Manager.   |
|                                   | a. | If an injury/illness is determined to be a recordable case or information is received indicating an injury could be a potential recordable case, notify the ESH&Q Director the day the determination is made or information becomes available. |
|                                   | b. | If determined to be recordable case, notify the responsible Manager and Safety Professional to coordinate a meeting to review the case with the ESH&Q Director.  |
|                                   | 3. | If the employee has indicated on the event report he/she wishes to file a Worker's Compensation Claim, notify the Worker's Compensation Coordinator and provide a copy of the event report.  |
|                                   | 4. | Determine the required documentation for the event and enter in the appropriate database in accordance with <a href="#">TFC-ESHQ-S_CMLI-C-01</a> . (7.1.2.b)   |
| Worker's Compensation Coordinator | 5. | Based on information from the event report, contact the affected worker to offer a Worker's Compensation Claim. (7.1.3)  |
|                                   | 6. | Facilitate the claim process in accordance with <a href="#">TFC-ESHQ-S_CMLI-C-03</a> .   |

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	11 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

- |                                 |    |  |
|---------------------------------|----|--|
|                                 | 7. | Interface with the appropriate medical treatment facility and/or OSMF.   |
|                                 | 8. | Interface with the Worker's Compensation Third Party Administrator.  |
| Manager and Safety Professional | 9. | For recordable injuries and illnesses, coordinate and meet with the ESH&Q Director to review how the incident occurred, how the injury could have been prevented, and the corrective actions that will be implemented to prevent recurrence. |

NOTE: As applicable, Event Reports will be signed by the ESH&Q Director when reviews are completed to satisfaction.

## 5.0 DEFINITIONS

Emergency. A serious situation or occurrence that happens suddenly and/or unexpectedly, jeopardizing human life and/or property, and demands immediate action (e.g., severe bleeding, heart attack symptoms, stroke, chest pain, difficulty breathing, compound fractures, etc.).

Emergency Response. The response made by firefighters, emergency medical technicians, security, health care personnel, and/or other emergency services upon notification of a fire, accident, earthquake, explosion, environmental spill/event, or other event in which human life and/or property may be in jeopardy.

Event. An unplanned action or happening resulting in adverse consequences.

First Aid. Emergency treatment for injury or sudden illness given before definitive medical care is available.

First Aid Treatment. Treatment consistent with 29 CFR 1904.

Recordable Injury. An injury that results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness, or a significant injury or illness diagnosed by a physician or licensed health care professional.

Self Treatment. Treatment administered by the employee.

Work-Related Illness. A non-traumatic physiological harm or loss of capacity produced by systemic infection, continued or repeated stress or strain (for example, exposure to toxins, poisons, fumes), or other continued and repeated exposures to conditions of the work environment over a long period of time. This includes any abnormal physical or psychological condition or disorder resulting from an injury, caused by long- or short-term exposure to chemical, biological, or physical agents associated with the occupational environment. For practical purposes, an illness is any reported condition that does not meet the definition of an injury.

Work-Related Injury. A traumatic wound or other condition of the body caused by external force, including stresses or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event or series of events within a single day or work shift.

ESHQ	Document	TFC-ESHQ-S_CMLI-C-02, REV D-3
	Page	12 of 12
INJURY AND ILLNESS EVENTS	Issue Date	March 23, 2012

## 6.0 RECORDS

The following confidential records are generated during the performance of this procedure:

- Event Report (A-6003-580)
- Event Investigation/Critique Personal Statement (A-6003-098)
- Vapor Event Summary Report (A-6005-781).

Washington State L&I Claim forms, and the copies of documents forwarded to claim files are not records, as defined in [TFC-BSM-IRM\\_DC-C-02](#). The record custodian identified in the Company Level Records Inventory and Disposition Schedule (RIDS) is responsible for record retention in accordance with [TFC-BSM-IRM\\_DC-C-02](#) and [TFC-ESHQ-S\\_CMLI-C-01](#).

## 7.0 SOURCES

### 7.1 Requirements

1. 10 CFR 851 “Worker Safety and Health Program.”
2. 29 CFR 1904, “Recording and Reporting Occupational Injuries and Illnesses.”
  - a. Section 35, Subpart D.a.1.
  - b. Section 39, Subpart E.
3. DOE N 350.6, “Acceptance of Valid Workers’ Compensation Claims.”
4. DOE O 231.1, “Environment, Safety and Health Reporting.”

### 7.2 References

1. [TFC-BSM-HR\\_AT-C-01](#), “Return to Work.”
2. [TFC-BSM-HR\\_AT-C-03](#), “Personal Time Bank and Other Absences.”
3. [TFC-BSM-HR\\_EM-C-04](#), “Reasonable Accommodations to Work Restrictions.”
4. [TFC-BSM-IRM\\_DC-C-02](#), “Records Management.”
5. TFC-BSM-IRM\_SE-C-05, “Marking Sensitive Unclassified Information.”
6. [TFC-ESHQ-S\\_CMLI-C-01](#), “Injury and Illness Recordkeeping.”
7. [TFC-ESHQ-S\\_CMLI-CD-03](#), “Workers’ Compensation Program.”
8. [TFC-ESHQ-Q\\_C-C-01](#), “Problem Evaluation Request.”